

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3676AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/21/2008
NAME OF PROVIDER OR SUPPLIER SWEET HEART CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 213 RED HORIZON TERRACE HENDERSON, NV 89015		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on 11/21/08. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The facility was licensed for five (5) total beds. The facility had the following category classified beds: 5 Category 2 beds.</p> <p>The facility had the following endorsements:</p> <p>Residential facility for elderly or disabled persons.</p> <p>The census at the time of the survey was four (4) residents.</p> <p>Four (4) resident files and three (3) employee files were reviewed.</p> <p>Complaint #18853 was substantiated without deficiencies.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 051 SS=C	<p>449.194(2) Administrator's Responsibilities-Designation</p> <p>NAC 449.194 The administrator of a residential facility shall:</p>	Y 051		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 051	<p>Continued From page 1</p> <p>2. Designate one or more employees to be in charge of the facility during those times when the administrator is absent. Except as otherwise provided in this subsection, employees designated to be in charge of the facility when the administrator is absent must have access to all areas of and records kept at the facility. Confidential information may be removed from the files to which the employees in charge of the facility have access if the confidential information is maintained by the administrator. The administrator or an employee who is designated to be in charge of the facility pursuant to this subsection shall be present at the facility at all times. The name of the employee in charge of the facility pursuant to this subsection must be posted in a public place within the facility during all times that the employee is in charge.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 11/21/08, the administrator failed to designate one or more employees to be in charge of the facility during those times when the administrator was absent.</p> <p>Findings include:</p> <p>Interview with Employee #2 , hire date 12/28/06, revealed the administrator had not designated an employee to be in charge during her absence.</p> <p>The facility failed to provide the current document designating the employee in charge during the absence of the administrator.</p> <p>Severity: 1 Scope: 3</p>	Y 051		

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Y 067	Continued From page 2	Y 067			
Y 067 SS=C	<p>449.196(1)(c) Qualifications of Caregiver- Read regulation</p> <p>NAC 449.196 1. A caregiver of a residential facility must: (c) Understand the provisions of NAC 449.156 to 449.2766, inclusive, and sign a statement that he has read those provisions.</p> <p>This Regulation is not met as evidenced by: Based upon record review on 11/21/08 the facility's caregivers failed to sign a statement that they have read the provisions of NAC 449.156 to 449.2766 (#1, 2 & #3).</p> <p>Based on record review the facility failed to ensure that three (3) of three (3) caregivers signed a statement they had read NAC 449.156 to 449.2766.</p> <p>Severity: 1 Scope: 3</p>	Y 067			
Y 105 SS=F	<p>449.200(1)(f) Personnel File - Background Check</p> <p>NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.</p>	Y 105			

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Y 105	<p>Continued From page 3</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/21/08, the facility did not ensure that three (3) of three (3) employees had met the background check requirements for criminal history.</p> <p>Findings include:</p> <p>The files for Employees #1, #2 & #3 failed to contain a signed statement indicating the employee had not been convicted of any crimes listed in NRS 449.188.</p> <p>Employee #3's, hire date 03/2005, lacked evidence of a national agency background check report.</p> <p>Employee #1's employee file failed to contain two copies of the employee's fingerprints.</p> <p>Severity: 2 Scope: 3</p>	Y 105			

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